

# EXHIBIT I

Physician's Report  
FormNFL Player Disability & Neurocognitive  
Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the Plan Office (Tel. No. (800) 638-3186) if you are contacted by any of these individuals.

Players Name Loper, Daniel

Date of Birth

Address

Credited Seasons

2005 - 2012

Telephone

Did you evaluate the player?

Yes

If so, when?

4/12/2018

Have you or any of your partners ever treated  
the Player?

No

Is the patient's condition the primary or  
contributory cause of the surgical removal or  
major functional impairment of a vital bodily  
organ or part of the central nervous system?

No

## Impairments

Left Shoulder Points Total:

3

Right Shoulder Points Total:

3

Impairments Total:

6

## General Comments:

There do not appear to be Point System Impairment Table ratings for leg compartment syndrome surgical decompression or for carpal tunnel syndrome without surgical release.

## Confirmation:

I, H. Herndon Murray, MD., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

Physician

H. Herndon Murray, M.D.

## Reviewer's Comments

Comments

DL-00790



## NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

### Physician's Report Form

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Players Name Loper, Daniel  
Date of Birth [REDACTED]  
Address [REDACTED]  
Credited Seasons 2005 - 2012  
Telephone [REDACTED]

Did you evaluate the player? Yes  
If so, when? 4/12/2018  
Have you or any of your partners ever treated the Player? No  
Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

#### Impairments

##### Left Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Left Shoulder Points Total: 3

##### Right Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	symptoms of shoulder instability with labral tears and posterior humeral head subluxation demonstrated on MRI	Yes

Right Shoulder Points Total: 3

**DL-00791**

Impairments Total: 6

**Narratives**

Please upload PDF or .tiff versions of your documents.

LOPER, DANIEL\_\_04-16-2018\_\_241611\_\_IME.pdf

204.28KB

**General Comments:**

There do not appear to be Point System Impairment Table ratings for leg compartment syndrome surgical decompression or for carpal tunnel syndrome without surgical release.

**Confirmation:**

I, H. Herndon Murray, M.D., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

**Physician**

H. Herndon Murray, M.D.

**Reviewer's Comments**

**Comments**

**DL-00792**



## PEACHTREE ORTHOPEDICS

**PATIENT NAME:** LOPER, DANIEL  
**PATIENT NUMBER:** [REDACTED]  
**DATE OF BIRTH:** [REDACTED]  
**DATE OF SERVICE:** 04/12/2018  
**PROVIDER:** H Herndon Murray, MD

**INDEPENDENT MEDICAL EVALUATION**

The patient is a 36-year-old male seen for orthopedic evaluation at the request of the NFL Player Retirement Plan.

He gives a history of playing in the NFL with the Tennessee Titans from 2005 through 2008, the Detroit Lions in 2009, the Oakland Raiders in 2010, and the Dallas Cowboys in 2011 and 2012.

He played high school football in Texas and, while in junior high school, had surgery on his right ankle where they "sutured bone" at age 13. He played college football at Texas Tech and had no surgeries during college. He played on the offensive line, left tackle.

**CHIEF COMPLAINTS AND PRESENT ILLNESS:** Current symptoms listed in descending order of severity:

1. Left shoulder. He reports that his left shoulder started bothering him during his NFL career, there was no one particular injury, cumulative injuries over several years. He said evaluation showed a "shaved humeral head" on an MRI that he had in August. Treatment in the NFL was in the training room, nonoperative measures, no history of surgery. He reports that now his shoulder feels unstable and weak. He describes "subluxation" symptoms. He did have some special bracing with his shoulder pads while in the NFL. His weakness and feeling of instability continue at this time.
2. Right shoulder. He reports the symptoms and history in the right shoulder are "the exact same" as described above on the left. He reports daily pain with activities in both shoulders.
3. Cervical spine/neck. He reports multiple stingers and stiff neck episodes during his NFL career. He says that he saw doctors and chiropractors. He now complains of numbness in his arms and fingers as well as neck pains. He says he has tried multiple different pillows. Main symptoms are on the right more than on the left, mainly in the lateral hand and fingers. He reports diagnosis as carpal tunnel syndrome bilaterally and that the numbness tends to come and go.
4. Lower back. Cumulative lower back pain in the NFL, history of episode of bruised kidney while in Detroit. Treatment was always in the training room. He is not aware of any specialty referral during his career. He reports that his lower back now hurts with daily activities, particularly with lifting and bending. He reports some pain shooting down his legs, no history of numbness.

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**DL-00793**





## PEACHTREE ORTHOPEDICS

**LOPER, DANIEL****04/12/2018****PAGE 2**

Pain is worse with standing, bending, lifting, and running, and typically is about a level of 5-6/10 and at its worst goes up to a level of 8-9/10.

5. Lacerated spleen, 2006. Hospitalized in Jacksonville, managed nonoperatively. He now reports shooting pains in the area of his spleen associated with drinking lots of liquids and with eating certain foods.
6. Left wrist. Injured in 2007 while with the Titans, he understood that he had "torn ligaments." He wore a protective cast the entire season. The left wrist now grinds and hurts with activities.
7. Right knee. He reports several injuries to the knee including an injury to the medial collateral ligament, treated nonoperatively. He says he has experienced the knee "popping out" laterally when he gets out of a car. The knee is uncomfortable and feels loose, but does not stop his normal ADLs. He reports that he had a "burst bursa sac" with Oakland in 2011.
8. Left leg compartment syndrome in 2008 with the Titans. He was running during the off season and was diagnosed with compartment syndrome requiring a surgical decompression in Nashville. He was able to return to play. The leg still has some tenderness at the surgical scar.
9. Several broken fingers. He reports that the fingers were taped and he continued playing, did not require any surgeries. He now reports that he has lost some motion in his fingers and has possible trigger finger symptoms.

**SOCIAL/WORK HISTORY:** He did graduate from Texas Tech with a degree in exercise and sports science. He is currently self-employed owning a construction company.

**CURRENT MEDICATIONS RELATED TO INJURIES:** None.

**PAST MEDICAL HISTORY:** A comprehensive history sheet is reviewed with him. It reflects good general health, no major medical illnesses. He does give a history of migraine headaches and memory lapse or loss.

**REVIEW OF OUTSIDE RECORDS:** Thirty-two pages.

There are no NFL medical records in his folder; the only records are a report of an "Advanced Physician's" evaluation from a chiropractor, Lawrence Chan, dated 08/29/2017. It included MRIs of his cervical spine, lumbar spine, right shoulder, left shoulder, left knee, right ankle, and left ankle.

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**DL-00794**



## PEACHTREE ORTHOPEDICS

LOPER, DANIEL

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The MRI report from the right shoulder dated 08/29/2017 reflected a radiology report of labral fraying and tears anteriorly and posteriorly, posterior subluxation of the humeral head, chondral degeneration in the humeral head and glenoid, and moderate AC arthrosis.

An MRI of his left shoulder of the same date indicated partial detachment of the posterior labrum, fraying of the anterior labrum, severe AC arthrosis, posterior subluxation of the humeral head, flattening of the posterior glenoid, and degenerative signal changes in the humeral head.

He brought by hand a neurology office visit and electrodiagnostic studies from a Dr. Garrison Strickland in Nashville, Tennessee, dated 04/10/2018. The report reflects findings of bilateral carpal tunnel syndrome, mild on the right, severe on the left. There was no evidence of cervical or lumbar radiculopathy on the electrodiagnostic studies.

**PHYSICAL EXAMINATION:** He presents as a well-developed, well-nourished male in no acute distress. He is alert and oriented, pleasant and cooperative throughout the exam.

He appears to be his stated height of 6 feet 6-1/2 inches and weight of 346 pounds. He stands with a normal posture and walks with a normal gait, including heel walk and toe walk.

On examination of the cervical, thoracic, and lumbar spine, there is no swelling, erythema, or deformity on inspection. On palpation, he reports some tenderness in the right upper trapezius musculature and some tenderness in the right posterosuperior iliac spine area, but there are no objective findings on palpation. He demonstrates a good range of motion of the cervical spine.

On examination of his upper extremities for evidence of radiculopathy and myelopathy, he has normal findings including reflex, motor, and sensory exams. He makes a good and credible effort on manual muscle testing and reports normal finger sensation today. There is no observable thenar atrophy and I do not see any clinical evidence of radiculopathy or myelopathy on exam today.

Likewise, his reflex, motor, sensory, and straight leg raise exams in his lower extremities are normal with no clear findings of radiculopathy or myelopathy.

Both shoulders are well aligned with normal bony and musculature contours on inspection. On palpation, there is no localized tenderness and I cannot demonstrate any shoulder instability with ranging his shoulders, although he has a good full range of motion both passively and actively of both shoulders, shoulder exams are clinically unremarkable today.

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DL-00795





## PEACHTREE ORTHOPEDICS

LOPER, DANIEL



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Both elbows are well aligned and normal on inspection, palpation, and ranging.

Both wrists are also well aligned and without deformity. There is no deformity specifically on the left wrist, and both wrists exhibit a normal range of flexible motion.

Both hands are well aligned with good functional active range of motion. He has a mild PIP flexion contracture of the left long finger.

Both hips show normal range of motion without discomfort.

Both knees are well aligned and not swollen, normal range of motion, no palpable effusion in either knee. Both knees are stable to stress in all directions.

There is a healed fasciotomy incision on the left anterolateral leg which is not swollen and nontender.

His left ankle has a surgical scar posterior to the lateral malleolus. Both ankles are well aligned with normal bimalleolar contours and good flexibility.

Both feet are well aligned without structural deformity, both 1st metatarsophalangeal joints are supple.

**RADIOGRAPHIC INTERPRETATION:** AP and lateral x-rays of both shoulders show normal glenohumeral alignment, no significant degenerative changes radiographically either at the glenohumeral joint or at the acromioclavicular joint.

X-rays of the left wrist show normal alignment with no apparent intercarpal instability or fracture deformity.

AP, lateral, and skyline x-rays of the right knee show a small focus of ossification in the proximal medial collateral ligament at the proximal medial femoral condyle consistent with mild Pellegrini-Stieda ossification consistent with a MCL injury.

AP and lateral x-rays of the cervical spine are well aligned and appear stable. He has some narrowing in the intervertebral disk space at C6-C7 and very mild early narrowing at C4-5 and C5-6.

X-rays of the lumbar spine are well aligned and appear stable, no significant degenerative changes, no apparent spondylolysis or spondylolisthesis.

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DL-00796





## PEACHTREE ORTHOPEDICS

**LOPER, DANIEL**

**04/12/2018**

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**IMPRESSION:**

1. Left shoulder, labral tears with posterior humeral head subluxation, instability, MRI documented.
2. Right shoulder, labral tears, posterior humeral head subluxation, instability, MRI documented.
3. Neck pain, degenerative disk disease cervical spine.
4. Low back pain, no clear structural injury to lumbar spine.
5. Left wrist, status post sprained ligament by history, no clear structural injury or wrist instability.
6. Right knee pain, status post medial collateral ligament injury, nonoperative management.
7. Left leg compartment syndrome, status post surgical decompression.
8. Spleen laceration, by history.
9. Mild PIP flexion contracture, left ring finger.
10. Carpal tunnel syndrome, bilateral, confirmed on nerve conduction studies.

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